

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

**10/541894**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	1		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
12	1		/			
13	1		/			
14	1		/			
15	1		/			
16	1		/			
17	1		/			
18	1		/			
19	1		/			
20	1		/			
21	/		/			
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23	0		/			
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50						
TOTAL IND.	3	4	3	4		
TOTAL DEP.	21	4	20	4		
TOTAL CLAIMS	24		23			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						